

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/18/03.

I. DISPUTE

Whether there should be reimbursement for additional units rendered on CPT code 97750-MT for dates of service (DOS) 8/2/02 and 8/6/02 and code 99080 (copies) on DOS 8/13/02. The respondent's denied the muscle testing for 'F- Fee Guideline' and the copies of reports with 'M - no MAR.'

II. FINDINGS

On 1/22/04, the requestor submitted a partial withdrawal. They withdrew DOS 1/14/03, 1/21/03 and 3/5/03 leaving the DOS 8/2/02, 8/6/02 and 8/13/02 in dispute.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5/8/02	97750-MT	\$129.00	\$43.00	F	\$43.00 per 15 min per body area	MFG-MGR (I)D(1) (I)(E)(3)	Reimbursement is based on body area(s) tested per MFG. The report indicated one body area, therefore additional reimbursement not recommended.
5/10/02	97750-MT	\$215.00	\$43.00	F	\$43.00 per 15 min per body area	MFG-MGR (I)D(1) (I)(E)(3)	Same as date of service 5/8/02.
5/13/02	99080 (55 ea.)	\$27.50	\$22.00	M	\$0.50 each page x55=\$27.50	133.106 (f)(3)	Upon request by TWCC for a Designated Doctor appointment/ review, copies of records are reimbursed according to the TWCC Rule 133.106. Additional reimbursement recommended, amount due: ($\$27.50 - \$22.00 =$) \$5.50
TOTAL		\$371.50					The requestor is entitled to additional reimbursement in the amount of \$5.50.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99080. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$5.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of January 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl